2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P0000041735 Apr 27, 2001 8:00 am Secretary of State 1. Entity Name UNITECH GLOBAL, INC. 04-27-2001 90406 026 ***150 00 Mailing Address Principal Place of Business 5001 S.W. 74TH ST., STE, #100 5001 S.W. 74TH ST.,STE.#100 MIAMI FL 33155 MIAMI FL 33155 しいひひせりんじ 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable \$8.75 Additional Country Country Zio 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRANCO, MANUEL R Street Address (P.O. Box Number is Not Acceptable) 5001 S.W. 74TH ST., STE. #100 **MIAMI FL 33155** Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE FRANCO, MANUEL R NAME NAME STREET ADDRESS 808 BRICKELL KEY DR.,#2102 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Addition Change TITLE ☐ Delete CRIPPA, RENZO NAME NAME STREET ADDRESS STREET ADDRESS 12625 S.W. 70TH AVE. CITY-ST-ZIP **MIAMI FL 33156** CITY-ST-ZIP Change Addition Delete TITLE TITLE ZAMORA, CARLOS NAME NAME STREET ADDRESS APARTADO POSTAL 3085-1000 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN-JOSE, COSTA RICO FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

JUET R. FRANCO 4-17-0